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FORM I-79 610 USE PREVIOUS EDITIONS

**ROUTING AND RECORD SHEET** SUBJECT: (Optional) Annual Occupational Safety and Health Report EXTENSION NO. FROM: DD/PTAS/OS J 1982 DATE TO: (Officer designation, room number, and DATE OFFICER'S COMMENTS (Number each comment to show from whom building) to whom. Draw a line across column after each comment.) FORWARDED RECEIVED 1. 4 FEB 1982 D/Logistics 2. 5. 7. 8. 9. 10. 11. 12. 13. 14. 15. OL 2 0468

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# Administrative - Internal Use Only

	MEMORANDUM FOR:	Director of Logistics
STAT	FROM:	Deputy Director of Security Physical, Technical and Area Security
	SUBJECT:	Annual Occupational Safety and Health Report
	Order 12196 requ submit to the Se	cupational Safety and Health Act and Executive aire that the head of each Federal Agency ecretary of Labor an annual report concerning fety and health program.
	2. Attache for CY 1981 whic	ed is a questionnaire for the annual report th was received from the Secretary of Labor.
	complete the questionnaire, with exception of and 4, applying the questions to your personnel eturn it to this office by 1 March 1982. A ll be prepared by the Safety Group.	
STAT		contact the Safety Group on extension if estions regarding this matter.
	Attachment	

OS 2 5044

## Administrative - Internal Use Only

GUIDELINES

FOR

FEDERAL AGENCIES ANNUAL REPORT

TO THE

SECRETARY OF LABOR

ON

OCCUPATIONAL SAFETY AND HEALTH

INTRODUCTION AND PURPOSE: The Occupational Safety and Health Act of 1970, Executive Order 12196, and 29 CFR 1960 contain provisions requiring Federal agencies to submit reports on their occupational safety and health programs annually. OSHA, in turn, must prepare a summary of the reports for the Secretary of Labor's transmittal to the President. The President then forwards the report to the Congress. The purpose of the report is to inform the President and the Congress about the status of working conditions for Federal employees in general, and about progress individual agencies have made in improving conditions for their employees. In addition, agency annual reports will be reviewed by OSHA on-site evaluators prior to their preparation of individual agency evaluation plans.

OSHA must issue guidelines to agencies for preparation of their annual reports. The following information describes how you should prepare your annual report for calendar year 1981. We are requesting that you submit the information in a specific format so that uniform information may be gathered from all agencies. Because of the diversity among agencies, data will not be used to compare agencies. However, it will be combined to present a "picture" of safety and health in the Federal government over time.

General Information: The enclosed annual report format has been designed to assist you in providing OSHA with the information necessary to understand the context, design, operation, accomplishments and direction of your agency's occupational safety and health (OSH) program.

In general, the information to be provided in the report will be of two types: description of the program and self-evaluation of the program's implementation.

Your agency's completed report should include the following:

\* Completion of the enclosed questionnaire

\* A copy of your agency's Occupational Safety and Health Policy Statement

\* A copy of your agency's organizational chart showing the placement of the agency OSH staff (Division, Office, Branch, etc.) at the headquarters level.

\* The name and telephone number of the individual to contact regarding the report.

Submit to: Submit the completed report no later than April 1, 1982 to:

U.S. Department of Labor Occupational Safety and Health Administration Office of Federal Agency Programs 200 Constitution Avenue, N.W. Washington, D.C. 20210

Questions concerning preparation of the report may be directed to Mrs. Barbara Markham; phone 376-2001.

AGENCY CY	ANNU	AL REPORT		
		- <del>-</del>		
TAKE AND ADDRESS OF				
NAME AND ADDRESS OF PRIMARY AGENCY OR	•			
PPARTMENT IN THE REPORT			s.·	
		: 		
•				
THE COMPONENT THAT UPED		NAME OF AGENCY	•	APPROX. NO. OF EMPLOYEES
OTHER COMPONENTS INCLUDED IN THE REPORT AND COVERED	• • .	NAME OF AGBRET		
BY THE PROGRAM DESCRIBED IN THIS REPORT *				
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<sup>\*</sup> In order for the information in this report to be useful for statistical purposes, it is necessary that a separate report be prepared for each component of the agency which has a substantially different OSH program.

		of the desired		YES	NO
1.		the head of your agend olicy statement that	cy issued		
	a.	emphasizes his/her consafe and healthful wo	mmitment to a rkplace?		
•.	b.	charges all levels of be responsible and ac- the program?	management to countable for		· .
	C•	requires employee com applicable OSHA and/ostandards?	pliance with r Agency		
	đ.	has been communicated personnel?	to all agency		
	e.	assures employee OSH	rights?	· ———	•
2.	Hea the the	s the Designated Agence 1th Official directly person(s) responsible agency's OSH program?	supervise for managing		
3.	Off	r frequently does your ficial meet or communic d on safety and health	:ate officially $`$	with the age	ency
T 13	1377		<u>Meet</u>	Communicat	<u>-e</u>
	a.	At least weekly			
	b.	At least monthly			
	c.	At least quarterly		-	
	d.	Other			
	Ιf	other, please explain			
•		•			

4 (	How Offi	Copy Approved for Release 2010/10/18: CIA-RDI frequently does your Designated Accial communic e with the person(sing the OSH program?	gency Stat	ety and	d Health
	a.	Daily	. • •		
	b•	rt least weekly	• <del>•</del>		
	c.	At least monthly	•		
	đ.	At least quarterly			
٠.	e.	Other			
	If o	ther, please explain			
			٠		
5.	have both		ogram? ( and hea	If you lth, li	st
•	Name				
	Titl	le			
6. 7.	on t	t is the approximate percent of ti the program?			**
Vijeta =	for	the following purposes?			in Parasis
		Occupational safety and health personnel		YES	<u>NO</u> .
		Training	-		
	. "	Inspections/Evaluations			# <sup>*</sup> ***********************************
ar en e je	đ.	Personal Protective Equipment	e de la companya de l		
	e.	Abatement			
	f.	Program promotional items			'.Y
	g•	Medical surveillance program for employees	.•		
	h.	Safety and health sampling, testi laboratory and analytical equipme	ing, ent		
	i.	Technical information, documents, periodicals, etc.	,	Acceptation on Contract of the	ennyalahan pangah di di

8.

8.	Provide the total number of full-time safety and health headquarters and field personnel in the following categories as defined in 29 CFR 1960.2(s).								
		·	Hqtrs.	<u>Field</u>					
	a. Safety Professionals (GS-018, 019, 081, 803, 80 1815, 1825, 2125 etc.*)	4,	,	-					
	b. Health Professionals (GS-602, 610, 645, 690, 69 1306, 1311, 1320, etc.*)			· · · · · · · · · · · · · · · · · · ·					
	equally qualified military, agrsonnel	gency, or	non govern	mental					
9.	Provide the total number of pasafety and health headquarters	art-time ( and fiel	collateral d personne	duty)					
		l. Total	•	2. Approximate full-time equivalent					
	a. Headquarters personnel	· ·							
S. S	<pre>b. Field personnel Column 2 equals % of column 1</pre>	in full-t	— ime equiva	lency.					
10.	NNING Have safety and health program and objectives been establishe	n goals ed?	YES	<u>NO</u>					
11.	What were the <u>primary</u> occupate goals planned <u>and</u> achieved during (Briefly List)	ional safe ring Cale	ety and hea ndar Year l	lth program 981?					
		•							

12.	What primar planned and (Briefly Li	not ach	tional sati	fety and hea ing Calendan	alth pr r Year	ogram goals 1981?	were
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	'!				<u></u>		·
						•	
						and the second	
13.	How often a	re your	goals and	objectives	reviev	ved?	•
	a. Monthly						
	b. Quarter	·ly	•	4		•	
	c. Semiann	ually					
	d. Annuall	.У					
* *	e. Other						i en ja
			in the second of	en de la companya de La companya de la co		YES NO	%) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
14.	Are your OS in your age (management execution paystem?	ency's qu by obje	arterly r ctives -	eview syste MBO's, prog	m		
				the state of			
GOA	LS AND OBJEC	CTIVES FO	OR CY 1982				ા ન જાઈ જ કુક <b>ાર</b> ી
15.	Briefly lis	st your p	orimary go	als planned	for C	alendar Yea	1982
		, 4,48d				1 ×55 1	* * * * * .
	•	+- 1;					
•							
						· · · · · · · · · · · · · · · · · · ·	<del></del>

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16.	To what extent are planning factors a. through f. listed below used in planning for the program elements listed in the right hand columns?
	(N = Never; R = Rarely; S = Sometimes; F = Frequently; and

	A - Always,										
	7	PROGRAM ELEMENTS .									
		INSPECTIONS	JING	INFORMATION	BUDGET AND STAFFING	ABATEMENT PRIORITIES	  -  -  -  -  -				
·	PLANNING FACTORS	INSPE	TRAINING	INFO	BUDGI STZ	ABATI	OTHER				
					<u> </u>						
a.	Injury and illness inci- dence data. 1. Lost workday cases 2. Total cases										
b.	Injury and illness (OWCP) cost data	 		 							
c.	Recognized hazard data	1				<b>,</b>	 				
<b>d</b> .	Employee reports of unsafe and unhealthful working conditions  Recommendations of										
е.	employee representatives	i		İ		İ	1				
di di	A STATE OF THE STA						property and				
f.	Other:			at .		grander Merika Jagan der der					
17.	Have any special in-depth specific hazards been cond staff or by outside consul	lucted	py your	the							
	past year?				Yes _	NO	o				
	If yes, briefly describe.				·						
	A MANAGEMENT OF A STATE OF THE										
•							•				

### MEASURES EMPLOYED TO MITIGATE INJURY AND ILLNESS IMPACTS

18. Please complete the following table. In Section I, enter the approximate % of employees and the appropriate letter H, M, or L for current priority (H = High, M = Moderate, L = Low or none). In Section II, place an "X" in the appropriate portion of the table for each of the items a. through h. to indicate whether the particular countermeasure shown is being used to mitigate the impact of the injury or illness category.

	SECTI	ON-I			SI	ECTION	II		
			COU	TYPES	OF EASURE	S EME	LOYE	)	
TYPE OF OCCUPATIONAL INJURY OR ILLNESS (As defined on OSHA Form No. 100F)	% OF EMPLOYEES, POTENTIALLY SUBJECT TO TYPE INJURY/ILL.	CURRENT PRIORITY	TRAINING	WORKPLACE ABATEMENT	INFORMATIONS CAMPAIGN	DEVELOPMENT OF NEW STANDARDS	RULES AND REGULATIONS	FREQUENT INSPECTIONS	CAPETER
a. Traumatic Injuries  b. Occupational Skin    Diseases or Disorders  c. Dust Diseases of the    Lungs (Pneumoconioses)  d. Respiratory Conditions    Due to Toxic Agents  e. Poisoning (Systemic    Effects of Toxic Materials)  f. Disorders Due to Physical    Agents (Other than toxic    materials)  g. Disorders Due to Repeated    Trauma  h. All Other Occupational    Illnesses (list as desired)									

19. The following is a list of procedures your agency may have developed and communicated to safety and health personnel at field establishments, to supervisors, and to employees. Please indicate by an (X) the extent of development and communication.

	Procedure	DEVELOPED	FORMALLY COMMUNI- CATED TO FIELD OSH STAFF	COMMUNICATED TO ALL SUPERVISORS	COMMUNICATED TO ALL EMPLOYEES	
a.	For abatement of hazards when other agencies are involved.		 			!
b.	For employees to participate in OSH activities on official time.	     	     			
	For employees exclusive of any negotiated procedure, to report hazardous conditions, including time limits on action, notification to reporting employee, and inspection.					
<b>đ.</b>	To assure that employees are not subject to restraint, reprisal, or coercion for exercising OSH rights.		 			
	To maintain log of injuries and illnesses at each working location.  For issuing alternate and/or supplementary standards.		1 /23 2 / 2			
g.	For resolving conflicting standards.	]			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
h.	To permit entry of inspectors to classified areas.					
i.	For issuance of notice of unsafe conditions within 30 days.	-  -  -				
j.	For abatement and follow-up.		İ			İ
k.	For evaluating performance of personnel with OSH duties.	İ	İ	l valg		

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	and	health right.	and respon	SIDILLELE	35; (C, C)	do man	1 01
	the	following as	appropriate	) •			
	a.	poster		•			
	b.	Gadministrativ	e directive				
			7	01100			
	C.	routine part	of new embr	oyee			
		orientation p	rocedures				
							•
	d.	periodic publ	ications				
			1 7100				
	e.	no formal met	nods emproy	rea			
		4.5.1			:		
	f.	other (list):					
		many of the	Callering mo	+bode ar	e routine	lv used	to
21.	Hov	v many of the sovide additiona	corrowing me	nal safe	ty and he	alth	
	pro	ovide additions or or or or or or or or or or or or or	il Occubacio	as appro	opriate).	•	
	in	formation? (Ch	SCK as many	ub upp-	·F ,		
	•						
	. a.	posters					
	_			•			
•	p.	newsletter					•
	C.	memoranda					
•				r			
	d.	pamphlets		,			**
	_	2020					
	e.	none		1			
	f.	Other (list)	•	•			
	Τ.	Ocher (1155)				o di Mara	
112							(C.,
	*					18 m	
1.15						YES	NO
	. Do	es your agency	have safet	y and		•	
- ZZ	• bo	alth committee	es? If yes,	answer			
	116	estions 23 thr	ough 28. If	no, mov	е		·
	90	to the section	on on Field	Councils	•		
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23	He	ow long have mo	ost of your	safety a	nd health	commit	tees
23	he	en in operation	on?	·			
	υ.						
	a	Less tha	an one year				
	۵.						
	ъ	7 7 7.	ears				
•							
	C	3 - 4 y	ears		•		
•	_						
	đ	5 - 6 y	ears				
	~						
	e	. 7 years	or more				
	-						

•	What	is	the	typ:	ical m	embe	rsh	ip of	you	ir com	mitt	ees?	•	
	a.	app	coxin	nate	perce	nt c	of m	anage	ment	repr	esen	tati	ves	
	b.	app	roxin	nate	perce	nt c	of s	afety	and	l heal	th s	pecï	alist	s _
	c.	app	roxi	nate	perce	nt c	of e	mploy	ree n	member	s			
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5.	How	oft	en d	0 00	mmitte	es (	cond	luct 1	neet:	ings?				
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	b.				nthly									
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	đ.	At	leas	t an	nually	Y.					. •	•		
Îs a				- [X-1]									YES	NO
7.	Are	wri	tten	mir	nutes	of m	eet	ings	take	n?		a sagair fi	Section 1	
NO WITE	Ι£	yes	are	the	y for	ward	ed	to th	e ag	ency				
	hea	ıdqua	rter	's?										
	Ιf	wri	ten	min	ites <u>a</u>	re n	ot	taken	, is	a datio	n c	******	*	
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	-		e transfer	who	n is i	+ e1	ıhmi	tted?			*	and the second		
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				. : 1					• •	: · ; }			3 - 1 - 3 <del>-</del> 3 - 1	

			Not Effective	Generally Ineffective	Somewhat Effective	Very Effective
	a.	Identifying hazardous conditions				
	b.	Communicating OSH pro- blems to management		· · · · · · · · · · · · · · · · · · ·	y chie	
	c.	Increasing safety consciousness in the workplace				
	d.	Reducing accident rates		<u> </u>	•	
	e.	Improving health conditions	:			
	f.	Finding solutions to S & H problems that are discovered	· · · · · · · · · · · · · · · · · · ·			· · :
•					YES NO	
29.	sp	es your agency have a fecifically encouraging Field Federal Safety auncils? (If yes, please	participat: nd Health	ion		<del>.</del>
30.	al	s the policy been commu l agency subunits and f tablishments?	field			
31.	ma Fi	ve official (management nagement) rèpresentativ eld Councils been appoi eir activity head?	es to			

#### TRAINING

32. Has your agency developed safety and health training policy and procedures for the target populations listed below? (If yes, indicate the percent of the population trained in CY 1981)

		Primary Training		Refresher		
		Yes	No	Percent	Yes	No Percent
a.	New employees		<del></del>			
b.	Employees assigned to operate "new" equipment					
c.	Employees assigned to "new/different" tasks			· ·		
đ.	Employees in high risk jobs					
e.	Top management officials		<del></del>			
f.	Supervisors	1.	way to the later t		· <u> </u>	,
g.	Safety and health personnel		-			
h.	Safety and health inspectors					
i.	Collateral duty safety and health personnel		***			
	Occupational safety and health committee members	****				
k.	Employee representatives					
1.	Other employees					

		<u>.</u>	ES	NO
courses address identif If yes,	ar agency conducted training of during the report year to so special or unique problems fied in your agency?  I please list these courses additional pages as neces	S •		

Number Course Objective Trainee Number Course Title hours Classification attendees (ident. problems)

34. If you developed or used training materials during the report year that you think would be helpful to others, please list

below. (Attach additional pages as necessary.) 

Subject Matter

Intended audience

Type of Training Material (film, slides, text)

INSE	YES NO
35.	Does your agency conduct formal inspections as defined in 29 CFR 1960.2(k), of all areas and operations of each workplace and office?
36.	Where there is an increased risk of accidents, injuries or illnesses, how frequently do you conduct formal inspections?
	a. Daily
. •	b. Weekly
	c. Monthly
٠	d. Other
	How frequently are all other areas/operations of your agency formally inspected?
	a. Monthly
	b. Quarterly c. Semiannually
•	d. Annually
	e. Other
38.	Provide an estimate of the percent of your agency's workforce working in areas in which at least one periodic inspection was conducted per year.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
39.	Provide the approximate percent of formal inspections conducted by trained OSH professionals in the past CY.
40.	Provide the approximate percent of formal inspections conducted by supervisors or others in the past CY.
41.	What was the approximate percent of unsafe or unhealthful working conditions abated within the inspection report deadline in the past CY?

42. What was the approximate percent of immine situations abated within the inspection report deadline within the past CY.

## SELF-EVALUATIONS

Outline the 43. Describe your Agency's program of self-evaluation. procedure(s) utilized, list types of data and how collected, and indicate who conducted the evaluation (e.g., OSH staff, I.G. staff, private contractor, another organizational unit within the agency, etc.) Attach additional pages as necessary.

44. Describe the results of your self evaluation. Your discussion should assess the degree to which your agency has implemented the requirements of Executive Order 12196, the quality of the agency program, and any failures to meet program requirements. also include a description of your agency's progress in meeting its goals and objectives and include any unusual program accomplishments during the year. If applicable, describe unusual problems encountered and the results of any innovative means (Attach addition your agency employed to address those problems. pages as necessary.)

45. What changes in the agency's program have been proposed, approand implemented as a result of the evaluations. Indicate the (Attach additional pages as necessary.) status of each.